

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90110 045 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000 004566
Entity Name
3900 HOLDINGS, INC.

Principal Place of Business 7900 Island Blvd.
NMB, FL 33160
Mailing Address 7900 Island Blvd.
NMB, FL 33160

Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip **Country**

4. FEI Number 65-0445956
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Matus, Alan
7900 Island Blvd.
North Miami Beach, FL 33160

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL **Zip Code**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE**

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
#	NAME	TITLE	NAME
1	PSD Matus, Alan	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	7900 Island Blvd., NMB, FL 33160	STREET ADDRESS	CITY - ST - ZIP
3	VAS Lieb, James	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4	7900 Island Blvd., NMB, FL 33160	STREET ADDRESS	CITY - ST - ZIP
5	AS Torpey, Carite	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	7900 Island Blvd., NMB, FL 33160	STREET ADDRESS	CITY - ST - ZIP
7		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8		STREET ADDRESS	CITY - ST - ZIP
9		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10		STREET ADDRESS	CITY - ST - ZIP
11		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12		STREET ADDRESS	CITY - ST - ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/25/00 (305) 937-7823**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/99)